**Executive Internship Scheduling Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alpha Code: \_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_

Business Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Contact E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dress Code for shadowing: Solid Royal Blue Medical Scrubs, clean sneakers/ tennis shoes, hair up and secured from shoulders and face, minimal jewelry, facial piercings removed or totally covered, NO visible undergarments and a Deltona High School student ID.

Students will only be allowed to participate if they are meeting with academic success in their courses, and have shown the necessary maturity and appropriate behavior to represent the program.

Students are able to job shadow in increments of 2, 4, 6, and 8 hours. They are allowed 2 “excused” absences each nine weeks to participate in this opportunity. They can coordinate their schedule with the hours provided by your business. They are required to be on time, dressed appropriately, and ready to work.

Students must arrange their **“own”** transportation to and from the healthcare facility or hospital. If they are unable to attend, they must contact Mrs. Meadows via cell (386) 295-3094 or email bemeadow@volusia.k12.fl.us, as well as their Business Contact.

Students receive a “grade” for participation in the shadowing experience, in addition to receiving a separate grade for completing the student reflection form upon return to class. **The program requires 25 hours of job shadowing for academy Juniors, and 50 hours of job shadowing for academy Seniors by May 15th 2015, and can be obtained from one (1) or more healthcare facilities. Each 9 weeks Juniors are to earn 6.25 hours and Seniors are to earn 12.5 hours, this will be counted as a summative grade each 9 weeks.** If a student changes healthcare facilities, another scheduling form must be completed, prior to starting the shadowing experience!

**Business Contact Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

Please FAX completed form to 386-968-0014 ATTN: Brandy Meadows, Academy Instructor. Students CANNOT intern/shadow until all forms are complete and on file with the school!